ST STATE					IBLIC HEALTH F ENVIRONME			RVICES	1		
					LD CARE FA						
					PECTION RE						
REAS	SON /	GRADE	Inspection		ESTABLISHM		ME:				
Regular				2/17	THE GW			EARL	1 LEARNIN	NG -	CENTE
Follow-Up	, —	0	Time In/Ou		OWNER/OPE	RATOR:				<u> </u>	<u> </u>
Complaint		1	10:30	11:15	TAMOND		MIL	& M	HELONIE		
Investigation		RATING			LOCATION:		-		lishment Type:		
Other:		1 1	Sanitary P			YIGO		cc	C NURSE	RY	
		A			PERMIT STAT	rus:	✓ Valid		_Temporary		Expired
			Female 25	Total	Child Care Lice	ense: No.: 1			/ / Provisiona		Expired
The fo	llowing ite	ems identify	violations fo	ound this da	ay in the operation	ons and fa	acilities w	hich mus	st be corrected	d by the	next
inspection	or sooner	r as the Dep	partment ind	licates. Nor	n-compliance ma	ay result in	n downgr	ading or	permit susper	nsion. 7	To appeal
ITEM*		a written i	equest ior in		st be submitted t	Detore une) Indicated	d correct		-IOOD	~~~~DV
- I I E IVI	A 17	A.S							DEMERIT	CUnr	RECT BY
	# P1	EGULAR	. INSPEC	COIDN V	was cond	NCZED	,				
	PRE	11 2VOIL	NSPECTI	on Cor	NDUCIED	ON	12/14	1/16.	(8, A)		
	-05	~					L trans	1	+	+	
	PREV	1648 V	10LA-TIOT	Me Co	OPPECIEN	2 注	-17	<u>#21.</u>	,	4	!
						1					
	NO VIOLATIONS OBSEPTED.										- 1
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	A P	LACARD	> # 0	12358	ISSUED						
	AMONDONG.									+	
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I have	e read ar	nd underst	and the ab	ove violati	on(s) and I am	aware (of the co	rrective	measures to	he tak	⁄en
			ollowing iter		Received By	y (Name	& Title	1: h/	Dimore		.611.

DEH Inspector (Mame & Title):

Rev: 08/2/05

cited above, they shall be corrected within 10 days of this inspection:

 $(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) \ \& \ (40).$